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PTO/SB/01 (12-97)

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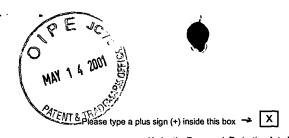
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Signature of person mailing paper

		Attorney Dock	et Number	B-026			
DECLARATION FOR UTILITY OR		First Named In	ventor	James R. Fi	. Fincke		
DESIGN PATENT APPLIC		COMPLETE IF KNOWN					
(37 CFR 1.6		Application Nu		/			
,	•	Filing Date		<del></del>			
Declaration Decl Submitted OR Subm	laration mitted after Initial	Group Art Unit		<del></del>			
with Initial Filing (37 C	g (surcharge CFR 1.16 (e)) ired)	Examiner Nam	e				
As a below named inventor, I her	eby declare that:						
My residence, post office address,	•	stated below next to m	v name.				
I believe I am the original, first and	·		•	first and joint invent	tor (if plural		
names are listed below) of the subjection	ect matter which is cla	imed and for which a p					
THERWAL STATILOGS AFFA	IN OUT AND MEN	100			}		
the specification of which	(Title o	f the Invention)					
is attached hereto	(71000	, ale 1177011110119					
OR was filed on (MM/DD/YYYY)	02/12/01	as Unit	ed States Applic	ation Number or PC	T International		
Application Number 09/781,931	and was	amended on (MM/DD/	ww. [		(if applicable).		
I hereby state that I have reviewed a		,	, <del></del>	on, including the cla			
amended by any amendment specific	cally referred to above	).		-			
I acknowledge the duty to disclose in	formation which is ma	terial to patentability a	s defined in 37 C	FR 1.56.			
hereby claim foreign priority benefit	s under 35 U.S.C. 11	9(a)-(d) or 365(b) of	any foreign appl	ication(s) for paten	t or inventor's		
pertificate, or 365(a) of any PCT inte America, listed below and have also in	tentified helow by che	cking the hoy, any for	eign application	for natent or invento	ited States of or's certificate,		
or of any PCT international application	i having a tiling date b	efore that of the applic	ation on which p	nority is claimed.			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)					
- rumber(s)		(IIIII)		YES	NO		
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	<u></u>		<u> </u>	<u>                                     </u>			
Additional foreign application num I hereby claim the benefit under 35.1		والمنافع المنافع المنافع			to:		
Application Number(s)	Filing Date (MM/DD/YYYY)						
60/181,488	02/10/00	ĺ	Additional provisional application numbers are listed on a supplemental priority data sheet				
	•	i					
		ĺ		/SB/02B attached			
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		[Page 1 of 2]					
Burden Hour Statement: This form individual case. Any comments on t	is estimated to take he amount of time yo	0.4 hours to comple ou are required to com	ta Tima will va	And of self to the			
Officer, Patent and Trademark Of ADDRESS. SEND TO: Assistant Co	fice Wachington DC	י דרוא רות ווציבוניי	CENTRACECIQUAN	<b>PostaliService</b> as	TOBINSIASSOMBIII		
		3	Washington, I	D.C. 20231.	a oi Lateiltz		
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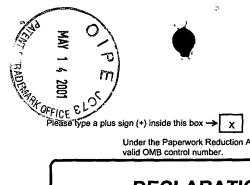


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DECLARATION — Utility or Design Patent Application														
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.														
Ü.	S. Pare	ent Application or Number	PCT	Paren	t			ng Date YYYY)			nt Patent N (if applicab			
Number						(man ob) ( ) ( )					(ii appireazie)			
		PCT international applica												
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pate and Trademark Office connected therewith:  Customer Number  OR  Registered practitioner(s) name/registration number listed below									omer Code					
	Nam	e	T	Regis	tration			Nam			Registration Number			
Name Number Number  Stephen R. Christian Alan D. Kirsch  32,687 33,720								!						
☐ Additional	registered	practitioner(s) named	on supp	lementa	I Registered	l Practitione	r Info	ormation she	eet PTC	/SB/020	attached here	eto.		
Direct all con	responde	ence to: Custor or Bar	ner Nu Code I					OR	<b>Z</b> c	orrespo	ondence add	ress below		
Name	Steph	en R. Christian			•	** 5.4								
Address	Rechtel RWXT Idaho TTC													
Address	P. O. Box 1625													
City	Idaho	Falls State ID ZIP 83415-3899												
Country	US		Fax				208	208-526-8339						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor:														
Given Name (first and middle [if any])						Family Name or Surname								
James R.														
Inventor's Signature	San R Fish Date 9/2							4/2/01						
Residence:	City	Idaho Falls State		ID	Count	Country US				Citizenship US				
Post Office A	Post Office Address 470 N. Westridge Drive													
Post Office	Address				;									
City		Idaho Falls State	D		ZIP	83402	?		Cou	intry	us			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto														



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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

		_			_					
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									ventor	
Given Na	n Name (first and middle [if any]) Family Name or Surname									
Brent A. Detering										
Inventor's Signature	But a Detern								е	4/18/01
Residence: City	Idaho Falls	State	ID	Cour	try	US		Citizer		us
Post Office Address	st Office Address 737 Hansen Avenue									
Post Office Address										
City	Idaho Falls	State	ID	ZIP	8	3402	Countr	y US		
Name of Additional Joint Inventor, if any:										
Given Na	me (first and middle [if any])			`		Family Nan	ne or	Sumam	е	
Inventor's Signature							Date			
Residence: City		State		Cour	try	us		Citiz	enship	us
Post Office Address										
Post Office Address										
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Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Family Name or Sumame										
Inventor's Signature									ate	
Residence: City	·	State		Cour	try	us		Citiz	enship	us
Post Office Address										
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